

FORM B1		United States Bankruptcy Court Northern District of Ohio		Voluntary Petition																	
Name of Debtor (if individual, enter Last, First, Middle): Anderson, Kimberly Dione		Name of Joint Debtor (Spouse) (Last, First, Middle):																			
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																			
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-8842		Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):																			
Street Address of Debtor (No. & Street, City, State & Zip Code): 1739 Alice Avenue Akron, OH 44310		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																			
County of Residence or of the Principal Place of Business: Summit		County of Residence or of the Principal Place of Business:																			
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																			
Location of Principal Assets of Business Debtor (if different from street address above):																					
Information Regarding the Debtor (Check the Applicable Boxes)																					
Venue (Check any applicable box) <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p>																					
Type of Debtor (Check all boxes that apply) <p><input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank</p>			Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <p><input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding</p>																		
Nature of Debts (Check one box) <p><input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business</p>			Filing Fee (Check one box) <p><input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.</p>																		
Chapter 11 Small Business (Check all boxes that apply) <p><input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)</p>																					
Statistical/Administrative Information (Estimates only) <p><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>																					
Estimated Number of Creditors 1-15 16-49 50-99 100-199 200-999 1000-over <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																					
Estimated Assets <table border="0"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million														
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million														
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
THIS SPACE IS FOR COURT USE ONLY																					

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Anderson, Kimberly Dione	FORM B1, Page 2
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed: Northern District of Ohio Eastern Division at Akron		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -		Case Number:	Date Filed:
District:		Relationship:	Judge:
Signatures			
<p>Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p>			
<p>Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>			
<p>Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p>			
<p>X <u>/s/ Kimberly Dione Anderson</u> May 16, 2005 Signature of Debtor Kimberly Dione Anderson</p>			
<p>X Signature of Joint Debtor</p>			
<p>Telephone Number (If not represented by attorney) May 16, 2005 Date</p>			
<p>Exhibit C Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No</p>			
<p>Signature of Attorney X <u>/s/ Lydia Evelyn Spragin 0063615</u> Signature of Attorney for Debtor(s) Lydia Evelyn Spragin 0063615 Printed Name of Attorney for Debtor(s) Lydia Evelyn Spragin Attorney At Law Firm Name The Evans Building 333 South Main Street, Suite 511 Akron, OH 44308 Address lespragin@epitrustee.com or lspragin@justice.com (330) 434-2713 Fax: (330) 434-2713 call first Telephone Number May 16, 2005 Date</p>			
<p>Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.</p>			
<p>Printed Name of Bankruptcy Petition Preparer</p>			
<p>Social Security Number (Required by 11 U.S.C. § 110(c.))</p>			
<p>Address</p>			
<p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:</p>			
<p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p>			
<p>X Signature of Authorized Individual</p>			
<p>Printed Name of Authorized Individual</p>			
<p>Title of Authorized Individual</p>			
<p>Date</p>			
<p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</p>			

United States Bankruptcy Court
Northern District of Ohio

In re **Kimberly Dione Anderson**

Debtor

Case No. _____

Chapter _____

7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

			AMOUNTS SCHEDULED		
NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	42,885.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		8,011.35	
E - Creditors Holding Unsecured Priority Claims	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	17		34,193.55	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			1,642.35
J - Current Expenditures of Individual Debtor(s)	Yes	3			1,641.00
Total Number of Sheets of ALL Schedules		31			
			Total Assets	42,885.00	
			Total Liabilities		42,204.90

In re Kimberly Dione Anderson, Case No. _____
Debtor

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. (See Schedule D.) If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

Debtor

SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		ON PERSON	-	20.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		CHARTER ONE BANK CHECKING XXXXXXXX504	-	170.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		RYAN VENTURES	-	495.00
4. Household goods and furnishings, including audio, video, and computer equipment.		2 LIVING ROOM SETS (APPROX 3 YEARS AND 5 YEARS OLD) - 600 TOTAL 2 BEDROOM SUITES (APPROX 5 YEARS OLD, EACH) - 400 TOTAL DINING ROOM (APPROX 8 YEARS OLD) - 200 TOTAL SMALL APPLIANCES, STEREO, COMPUTER - 500	-	1,700.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Location: 1739 Alice Avenue, Akron OH	-	100.00
6. Wearing apparel.		Location: 1739 Alice Avenue, Akron OH	-	200.00
7. Furs and jewelry.		Location: 1739 Alice Avenue, Akron OH	-	200.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
			Sub-Total > (Total of this page)	2,885.00

3 continuation sheets attached to the Schedule of Personal Property

In re **Kimberly Dione Anderson**, Case No. _____,
Debtor

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interests in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.		MARK WALKER - BACK CHILD SUPPORT DUE (TO BE USED FOR THE BENEFIT OF THE CHILD) - IF COLLECTED FOR SON 22 - \$29,000 FOR DAUGHTER 18 - \$5,000	-	34,000.00
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
Sub-Total > (Total of this page)				34,000.00

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re **Kimberly Dione Anderson**, Case No. _____,
Debtor

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 CHEVY CAVALIER	-	6,000.00
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
			Sub-Total > (Total of this page)	6,000.00

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Kimberly Dione Anderson**, Case No. _____,
Debtor

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
33. Other personal property of any kind not already listed.		WAGES DUE AND OWING TO DEBTOR	-	Unknown

33. Other personal property of any kind
not already listed. **WAGES DUE AND OWING TO DEBTOR** - **Unknown**

Sheet 3 of 3 continuation sheets attached
to the Schedule of Personal Property

Sub-Total >	0.00
(Total of this page)	
Total >	42,885.00

(Report also on Summary of Schedules)

In re Kimberly Dione Anderson, Case No. _____
 Debtor

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

[Check one box]

- 11 U.S.C. §522(b)(1): Exemptions provided in 11 U.S.C. §522(d). Note: These exemptions are available only in certain states.
 11 U.S.C. §522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Market Value of Property Without Deducting Exemption
Cash on Hand			
ON PERSON	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	20.00	20.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
CHARTER ONE BANK CHECKING XXXXXXX504	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	170.00	170.00
Security Deposits with Utilities, Landlords, and Others			
RYAN VENTURES	Ohio Rev. Code Ann. § 2329.66(A)(4)(a) Ohio Rev. Code Ann. § 2329.66(A)(18)	210.00 285.00	495.00
Household Goods and Furnishings			
2 LIVING ROOM SETS (APPROX 3 YEARS AND 5 YEARS OLD) - 600 TOTAL 2 BEDROOM SUITES (APPROX 5 YEARS OLD, EACH) - 400 TOTAL DINING ROOM (APPROX 8 YEARS OLD) - 200 TOTAL SMALL APPLIANCES, STEREO, COMPUTER - 500	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	1,700.00	1,700.00
Books, Pictures and Other Art Objects; Collectibles			
Location: 1739 Alice Avenue, Akron OH	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	100.00	100.00
Wearing Apparel			
Location: 1739 Alice Avenue, Akron OH	Ohio Rev. Code Ann. § 2329.66(A)(3)	200.00	200.00
Furs and Jewelry			
Location: 1739 Alice Avenue, Akron OH	Ohio Rev. Code Ann. § 2329.66(A)(4)(c)	200.00	200.00
Accounts Receivable			
MARK WALKER - BACK CHILD SUPPORT DUE (TO BE USED FOR THE BENEFIT OF THE CHILD) - IF COLLECTED FOR SON 22 - \$29,000 FOR DAUGHTER 18 - \$5,000	Ohio Rev. Code Ann. § 2329.66(A)(11)	34,000.00	34,000.00
Automobiles, Trucks, Trailers, and Other Vehicles			
2001 CHEVY CAVALIER	Ohio Rev. Code Ann. § 2329.66(A)(2)	1,000.00	6,000.00
Other Personal Property of Any Kind Not Already Listed			
WAGES DUE AND OWING TO DEBTOR	Ohio Rev. Code Ann. § 2329.66(A)(13)	75%	Unknown

0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re Kimberly Dione Anderson

Case No.:

Debtor

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C TO R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. xxxxx1400			2003					
Regional Finance Corporation PO BOX 580306 Charlotte, NC 28258		-	Purchase Money Security					
			2001 CHEVY CAVALIER					
				Value \$	6,000.00		8,011.35	2,011.35
Account No.								
				Value \$				
Account No.								
				Value \$				
Account No.								
				Value \$				
0 continuation sheets attached				Subtotal			8,011.35	
				(Total of this page)				
				Total			8,011.35	
				(Report on Summary of Schedules)				

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, which ever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

Deposits by individuals

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

Alimony, Maintenance, or Support

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

In re Kimberly Dione Anderson

Case No.:

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C TO R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx7068							
ACE CASH EXPRESS 1420 BRITTAIR ROAD Akron, OH 44310		-					365.00
Account No.							
Representing: ACE CASH EXPRESS			NATIONAL CREDIT ADJUSTERS PO BOX 3023 Hutchinson, KS 67504-3023				
Account No. AKRON MUNI COURT xxx5112							
ADVANCE AMERICA, CASH ADVANCE CENTERS OF OH, INC DBA ADVANCE AMERICA, CASH ADVANCE CENTERS 1417 S ARLINGTON STREET Akron, OH 44306		-					632.75
Account No.							
Representing: ADVANCE AMERICA, CASH ADVANCE			Akron Municipal Court 217 South High Street Akron, OH 44308				

16 continuation sheets attached

Subtotal
(Total of this page)

997.75

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
		Account No.					
Representing: ADVANCE AMERICA, CASH ADVANCE		CONSTANCE A HESSKE ATTORNEY AT LAW 1655 WEST MARKET ST., STE 130 Akron, OH 44313					
Account No. JUDGMENT xxCVIxxxx/xxx5654		-					
ADVANCE AMERICA, CASH ADVANCE CENTERS OF OH, INC DBA ADVANCE AMERICA, CASH ADVANCE CENTERS 1417 S ARLINGTON STREET Akron, OH 44306		Akron Municipal Court 217 South High Street ATTN: 05CVI02513/2015654 Akron, OH 44308					597.00
Account No.		SPRINT					
Representing: ADVANCE AMERICA, CASH ADVANCE							
Account No. xxxxx6611							
AFNI PO BOX 3427 Bloomington, IL 61702-3427		ANDERSON FIN NETWORK I PO BOX 3427 Bloomington, IL 61702					55.17
Account No.							
Representing: AFNI							
Sheet no. 1 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)					652.17

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
AKRON FAMILY DENTAL 157 VERNON ODOM BLVD Akron, OH 44320		-				20.00
Account No. xxxx-xxxx-xxxx-9399		CAPITAL ONE				
Alliance One PO BOX 1963 Southgate, MI 48195		-				708.63
Account No. xxx5740		AVON				
ALLIED DATA CORPORATION 13111 WEST HEIMER Houston, TX 77077-5547		-				64.88
Account No. xxx7068						
American Cash Express 1420 Brittain Road Akron, OH 44310		-				365.00
Account No. xxxxxxxxxx0547						
Ameritech Bill Payment Center Saginaw, MI 48663-0003		-				166.62
Sheet no. 2 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,325.13

In re Kimberly Dione Anderson,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx6456		DAG FINANCIAL TRUST				
Arrow Financial Services 7301 N. Lincolnwood Lincolnwood, IL 60712	-					1,158.00
Account No. xxxx-xxxx-xxxx-9064		PROVIDIAN				
ARROW FINANCIAL SERVICES LLC 5996 W TOUGHY AVE Niles, IL 60714	-					1,007.33
Account No.		ARROW FINANCIAL SERVICES LLC PO BOX 469005 Chicago, IL 60646-9005				
Representing: ARROW FINANCIAL SERVICES LLC						
Account No. xxx8932		CAPITAL ONE				
ASG PO Box 628 Buffalo, NY 14240-0628	-					844.00
Account No.						
ASHVIN YAJNIK AKA ASHVIN YAJNIK 1090 KINGSWOOD DRIVE Akron, OH 44313	-					Unknown
Sheet no. 3 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				3,009.33

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxx1-612		KAUFMANNS				
ATTORNEY RICHARD DELLACROCE PO BOX 1067 Orland Park, IL 60462	-	Kaufmann's P.O. Box 94934 Cleveland, OH 44101-4934				115.41
Account No.		KAUFMANN'S 400 FIFTH AVE PITTSBURGH, PA 15219				
Representing: ATTORNEY RICHARD DELLACROCE		Kaufmann's P.O. Box 94934 Cleveland, OH 44101-4934				
Account No.		KAUFMANN'S FIFTH & SMITHFIELD PITTSBURGH, PA 15219				
Representing: ATTORNEY RICHARD DELLACROCE		Kaufmann's P.O. Box 94934 Cleveland, OH 44101-4934				
Account No.		KAUFMANNS 400 FIFTH AVENUE PITTSBURGH, PA 15219				
Representing: ATTORNEY RICHARD DELLACROCE		Kaufmann's P.O. Box 94934 Cleveland, OH 44101-4934				
Sheet no. 4 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				115.41

In re Kimberly Dione Anderson, Case No. _____,
Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	
Account No. xxxxxxxxxxxx1914		SPEIGEL				
CARDHOLDER MANAGEMENT SRVCS 135 MAXESS ROAD Melville, NY 11747	-					1,089.71
Account No.		Card Processing Center PO Box 9204 Oldbeth Page, NY				
Representing: CARDHOLDER MANAGEMENT SRVCS						
Account No.						
CASH ADVANCE 147 N WOOSTER ROAD Barberton, OH 44203	-					Unknown
Account No. xxxxxxxx2007						
CASH TO YOU LEASING 466 NORTHFIELD ROAD Bedford, OH 44146	-					415.50
Account No. xxxx6143						
CashLand 36 W. Third Street Dayton, OH 45402-1806	-					618.10
Sheet no. <u>5</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			2,123.31

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
Representing: CashLand		APPELLES PO BOX 1197 Westerville, OH 43086				
Account No. xxxxxx0076		CHILDREN'S HOSPITAL M				
CBCS 2644 W MARKET ST Akron, OH 44333	-					321.00
Account No. xxx4458		PARAGON HEALTH ASSOCIATES				
CDS LLC 1606 E Turkeyfoot Lake R Akron, OH 44312	-					445.00
Account No.						
CHECK CASHIERS OF AMERICA 2214 Front Street Cuyahoga Falls, OH 44221-2510	-					141.13
Account No.						
Check Into Cash PO Box 550 Cleveland, TN 37364-0550	-					345.00
Sheet no. 6 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,252.13

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. CHPx9501						
CHILDREN'S HOSPITAL & ASSOC PO Box 75590 Cleveland, OH 44101-4755		-				
Account No.		FIRST FED CR 24700 CHAGRIN BLVD CLEVELAND, OH 44122				
Representing: CHILDREN'S HOSPITAL & ASSOC						
Account No.		First Federal Credit Control 24700 Chagrin Blvd. Suite 205 Cleveland, OH 44122-5662				
Representing: CHILDREN'S HOSPITAL & ASSOC						
Account No. CHP xx6614						
CHILDREN'S HOSPITAL & ASSOC PO Box 75590 Cleveland, OH 44101-4755		-				
Account No.		FIRST FED CR 24700 CHAGRIN BLVD CLEVELAND, OH 44122				
Representing: CHILDREN'S HOSPITAL & ASSOC						
Sheet no. <u>7</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				71.48

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
Representing: CHILDREN'S HOSPITAL & ASSOC		First Federal Credit Control 24700 Chagrin Blvd. Suite 205 Cleveland, OH 44122-5662				
Account No. xxx6154		DR BILL				
CONSUMER DEBT SERVICES PO BOX 75954 Cleveland, OH 44101-2199	-					444.89
Account No. xxxxxxxxxx6196						
Dominion East Ohio Gas P.O. Box 26785 Richmond, VA 23261-6785	-					5,490.37
Account No. xxxxxxxxxxxx9114		Collection Agency - SPEIGEL				
Enhanced Recovery Coporation Po Box 17242 Denver, CO 80217	-					1,089.71
Account No. xxxx1612AKRON		ANESTHEISA SERVICES				
Fidelity National Collections 220 E. Main St. P.O. Box 2055 Alliance, OH 44601	-					271.70
Sheet no. 8 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			7,296.67

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xx8058		PROFESSIONAL ANESTHESIA SRVC				
FIDELITY PROPERTIES INC 2222 E MAIN STREET Alliance, OH 44601	-					154.00
Account No. xx8059		PROFESSIONAL ANESTHESIA SRVC				
FIDELITY PROPERTIES INC 2222 E MAIN STREET Alliance, OH 44601	-					115.00
Account No. xxxxxxxx1687		FOR NOTICE PURPOSES ONLY				
GEMB/JCP PO BOX 9841000 El Paso, TX 79998	-					0.00
Account No. xxxxxxxxxx1026;xxxxxxxxxx1016;						
GENERAL REVENUE CORPORATION 10550 WEST CHARLESTON BLVD Las Vegas, NV 89135	-					7,681.15
Account No.		Sallie Mae 3rd Party LSC 910 Harrison Avenue Panama City, FL 32401				
Representing: GENERAL REVENUE CORPORATION						
Sheet no. 9 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				7,950.15

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		Sallie Mae LSCF 1002 Arthur Dr Lynn Haven, FL 32444				
Representing: GENERAL REVENUE CORPORATION						
Account No.		SallieMaeServicing PO Box 9500 Wilkes-Barre, PA 18773-9500				
Representing: GENERAL REVENUE CORPORATION						
Account No.						
HENIGE CREDIT COUNSELING SERVICE 2214 FRONT STREET Cuyahoga Falls, OH 44221-2510	-					141.35
Account No. xxxx5410		FOR NOTICE PURPOSES				
Joseph Harrison Company 310 N Cleveland-Massillon Akron, OH 44333	-					104.75
Account No. xxxx8813						
LAB. CORP. OF AMER. HOLDINGS PO BOX 2240 BURLINGTON, NC 27216-2240	-					43.20
Sheet no. <u>10</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				289.30

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
National Cash Advance 47 North Wooster Road Barberton, OH 44203		-				575.00
Account No. xxxxxxxxxxxx2536						
NATIONAL MAGAZINE EXCHANGE PO BOX 9083 Clearwater, FL 33758-9083		-				164.44
Account No. xxxxxxxxxxxx8019		226 RHODES AVENUE, AKRON, OHIO				
Ohio Edison 1910 W. Market Street Akron, OH 44313		-				2,570.83
Account No.		UTILITY COLLECTIONS LTD PO BOX 212489 Augusta, GA 30917-4747				
Representing: Ohio Edison						
Account No. xxxxxxxx2966		1739 ALICE AKRON, OHIO 44310				
Ohio Edison P.O. Box 3637 Akron, OH 44309-3637		-				415.97
Sheet no. <u>11</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			3,726.24

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx8161		-					
Professional Anesthesia Svc Union Point Suite 104 190 North Union Street Akron, OH 44304-1327		-					613.00
Account No. xxxxxx9064			FOR NOTICE PURPOSES ONLY				
Providian Financial P.O. Box 9180 Pleasanton, CA 94566		-					0.00
Account No.			SUMMA				
Revenue Group PO BOX 221278 Beachwood, OH 44122-0996		-					360.00
Account No. xxxxxxxxx9401; xxx6699			FOR ATT				
RISK MANAGEMENT ALT INC 802 EAST MARTIN ROAD SUITE 201 NORTH AUGUSTINE, SC 29841		-					44.15
Account No. xxx xxx xxxx 0554							
SBC Ameritech P.O. Box 5072 Saginaw, MI 48605-5072		-					188.51
Sheet no. 12 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			1,205.66

In re Kimberly Dione Anderson,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxx0547		-				
SBC Ameritech BILL PAYMENT CENTER P.O. Box 48663 Saginaw, MI 48663-0003						115.75
Account No.		-				
SHOBHANA A YAJNIK 1090 KINGSWOOD DRIVE Akron, OH 44313		-				Unknown
Account No. xxxxxxxxx2942		-				
SPIEGEL 101 CROSSWAY PARK WEST Woodbury, NY 11797		-				919.00
Account No.		SPIEGEL CARD PROCESSING CENTER Old Bethpage, NY 11804				
Representing: SPIEGEL						
Account No. AKRON MUNI COURT xxx2878		-				
STERLING INC DBA LEROYS JEWELERS 395 GHENT ROAD Akron, OH 44333						573.69
Sheet no. <u>13</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,608.44

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		Akron Municipal Court 217 South High Street Akron, OH 44308				
Representing: STERLING INC						
Account No. xxxx2973		-				
Summa Health Systems 525 E. Market Street PO Box 3540 Akron, OH 44309-3540						276.00
Account No. xxxxx3917		-				
T-MOBILE 2000 BRITTAIR ROAD STE 501 Akron, OH 44310						444.37
Account No.		T-MOBILE PO BOX 742596 Cincinnati, OH 45274-2596				
Representing: T-MOBILE						
Account No. xxxxxxxxxxxxxxxx1517		-				
Time Warner Cable 1665 Brittain Road Akron, OH 44310						290.00
Sheet no. <u>14</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,010.37

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxx4522		ACME				
TRS RECOVERY SERVICES, INC 5251 WESTHEIMER Houston, TX 77056	-					100.00
Account No. xxxxxxxxx4521		ACME				
TRS RECOVERY SERVICES, INC PO BOX 17170 Denver, CO 80217-0170	-					100.00
Account No. CASE NO xx CVI-x3578						
VALUED SERVICES, LLC C/O JEFFREY L. KOBERG, ESQ. 925 EUCLID AVENUE, #2020 Cleveland, OH 44115-1441	-					733.01
Account No.		Akron Municipal Court 217 South High Street ATTN: CASE NO. 04 CVI 13578 Akron, OH 44308				
Representing: VALUED SERVICES, LLC						
Account No.		JEFFREY KOBERG 925 EUCLID AVE #2020 Cleveland, OH 44115-1441				
Representing: VALUED SERVICES, LLC						
Sheet no. <u>15</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				933.01

In re **Kimberly Dione Anderson**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
		FROM CREDIT REPORT					
Account No. CASE NO xxCVIxxxx/xxx5654		-					627.00
VALUED SERVICES, LLC C/O JEFFREY L. KOBERG, ESQ. 925 EUCLID AVENUE, #2020 Cleveland, OH 44115-1441							
Account No.			Akron Municipal Court 217 South High Street Akron, OH 44308				
Representing: VALUED SERVICES, LLC							
Account No.							
Account No.							
Account No.							
Account No.							
Sheet no. <u>16</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			627.00
				Total (Report on Summary of Schedules)			34,193.55

In re Kimberly Dione Anderson, Case No. _____
Debtor

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

0 continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re Kimberly Dione Anderson, Case No. _____
Debtor

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0 continuation sheets attached to Schedule of Codebtors

In re Kimberly Dione Anderson

Case No. _____

Debtor(s)

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	AGE
Single	DAUGHTER DAUGHTER	18 2
EMPLOYMENT	DEBTOR	SPOUSE
Occupation	DIRECT CARE SPECIALIST	
Name of Employer	SIFFRIN	
How long employed	8 YEARS	
Address of Employer	2912 WHIPPLE AVENUE Canton, OH 44708	

INCOME: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly)

Estimated monthly overtime

DEBTOR	SPOUSE
\$ 1,384.93	\$ N/A
\$ 846.54	\$ N/A
\$ 2,231.47	\$ N/A

SUBTOTAL

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 499.29	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 46.30	\$ N/A
\$ 43.53	\$ N/A

b. Insurance

c. Union dues

d. Other (Specify) KPHMO+CH (MEDICAL)
EDUCATORS DENTAL

SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 589.12	\$ N/A
\$ 1,642.35	\$ N/A

TOTAL NET MONTHLY TAKE HOME PAY

Regular income from operation of business or profession or farm (attach detailed statement)

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

Income from real property

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

Interest and dividends

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

Social security or other government assistance

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

(Specify) _____

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

Pension or retirement income

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

Other monthly income

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

(Specify) _____

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

TOTAL MONTHLY INCOME

\$ 1,642.35	\$ N/A

TOTAL COMBINED MONTHLY INCOME

\$ 1,642.35

(Report also on Summary of
Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

■ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)		\$ <u>495.00</u>
Are real estate taxes included?	Yes <u> </u>	No <u>X</u>
Is property insurance included?	Yes <u> </u>	No <u>X</u>
Utilities:	Electricity and heating fuel <u>65.00</u> Water and sewer <u>50.00</u> Telephone <u>50.00</u> Other <u>192.00</u>	
Home maintenance (repairs and upkeep)	<u>0.00</u>	
Food	<u>120.00</u>	
Clothing	<u>50.00</u>	
Laundry and dry cleaning	<u>30.00</u>	
Medical and dental expenses	<u>15.00</u>	
Transportation (not including car payments)	<u>80.00</u>	
Recreation, clubs and entertainment, newspapers, magazines, etc.	<u>10.00</u>	
Charitable contributions	<u>30.00</u>	
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	<u>0.00</u>	
Life	<u>0.00</u>	
Health	<u>0.00</u>	
Auto	<u>0.00</u>	
Other	<u>0.00</u>	
Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u>0.00</u>	<u>0.00</u>	
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan.)		
Auto	<u>274.00</u>	
Other <u>WASHER/DRYER RENTAL</u>	<u>80.00</u>	
Other	<u>0.00</u>	
Other	<u>0.00</u>	
Alimony, maintenance, and support paid to others	<u>0.00</u>	
Payments for support of additional dependents not living at your home	<u>0.00</u>	
Regular expenses from operation of business, profession, or farm (attach detailed statement)	<u>0.00</u>	
Other <u>DAUGHTER IN COLLEGE TO ASSIST</u>	<u>100.00</u>	
Other	<u>0.00</u>	
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)		
\$ <u>1,641.00</u>		
[FOR CHAPTER 12 AND 13 DEBTORS ONLY]		
Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.		
A. Total projected monthly income	\$ <u>N/A</u>	
B. Total projected monthly expenses	\$ <u>N/A</u>	
C. Excess income (A minus B)	\$ <u>N/A</u>	
D. Total amount to be paid into plan each	<u>(interval)</u>	

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

(Spouse's Schedule)

Rent or home mortgage payment (include lot rented for mobile home)		\$ <u> </u> 0.00
Are real estate taxes included?	Yes <u> </u>	No <u>X</u>
Is property insurance included?	Yes <u> </u>	No <u>X</u>
Utilities:		
Electricity and heating fuel		\$ <u> </u> 0.00
Water and sewer		\$ <u> </u> 0.00
Telephone		\$ <u> </u> 0.00
Other		\$ <u> </u> 0.00
Home maintenance (repairs and upkeep)		\$ <u> </u> 0.00
Food		\$ <u> </u> 0.00
Clothing		\$ <u> </u> 0.00
Laundry and dry cleaning		\$ <u> </u> 0.00
Medical and dental expenses		\$ <u> </u> 0.00
Transportation (not including car payments)		\$ <u> </u> 0.00
Recreation, clubs and entertainment, newspapers, magazines, etc.		\$ <u> </u> 0.00
Charitable contributions		\$ <u> </u> 0.00
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's		\$ <u> </u> 0.00
Life		\$ <u> </u> 0.00
Health		\$ <u> </u> 0.00
Auto		\$ <u> </u> 0.00
Other		\$ <u> </u> 0.00
Taxes (not deducted from wages or included in home mortgage payments)		
(Specify)		\$ <u> </u> 0.00
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan.)		
Auto		\$ <u> </u> 0.00
Other		\$ <u> </u> 0.00
Other		\$ <u> </u> 0.00
Other		\$ <u> </u> 0.00
Alimony, maintenance, and support paid to others		\$ <u> </u> 0.00
Payments for support of additional dependents not living at your home		\$ <u> </u> 0.00
Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$ <u> </u> 0.00
Other		\$ <u> </u> 0.00
Other		\$ <u> </u> 0.00
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)		\$ <u> </u> 0.00

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment**Other Utility Expenditures:**

DOMINION GAS	\$ 122.00
CABLE	\$ 70.00
Total Other Utility Expenditures	\$ 192.00

**United States Bankruptcy Court
Northern District of Ohio**

In re Kimberly Dione Anderson _____ Case No. _____
Debtor(s) Chapter 7 _____

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 32 sheets [*total shown on summary page plus 1*], and that they are true and correct to the best of my knowledge, information, and belief.

Date May 16, 2005

Signature /s/ Kimberly Dione Anderson
Kimberly Dione Anderson
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Northern District of Ohio**

In re Kimberly Dione Anderson

Debtor(s)

Case No.
Chapter

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

- None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT \$23,562.24	SOURCE (if more than one) SIFFRIN TAX YEAR 2004
AMOUNT \$3,551.75	SOURCE (if more than one) VIAQUEST BEHAVIORAL HEALTH OF OHIO (PT) - EIGHT MONTHS 2003
AMOUNT \$17,374.37	SOURCE (if more than one) SIFFRIN 2003

2. Income other than from employment or operation of business

- None ■ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

- None a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT STILL OWING
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- None b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

- None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER VALUED SERVICES LLC V. KIMBERLY ANDERSON CASE NUMBER 04 CVI 13578	NATURE OF PROCEEDING JUDGMENT 2/7/2005	COURT OR AGENCY AND LOCATION AKRON MUNICIPAL COURT	STATUS OR DISPOSITION 733.01 PENDING GARNISHMENT
ADVANCE AMERICA #405 V. KIMBERLY ANDERSON CASE NUMBER 502512		AKRON MUNICIPAL COURT	JUDGMENT 623.75 (4/11/2005)
STERLING INC (DBA LEROYS JEWELERS) V. KIMBERLY ANDERSON CASE NUMBER 9202878		AKRON MUNICIPAL COURT	CLOSED 5/13/1992

- None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT	
None <input checked="" type="checkbox"/>	b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			
	NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

- None b. List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None c. List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None d. List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

	NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
	Lydia Evelyn Spragin Attorney At Law The Evans Building 333 South Main Street, Suite 511 Akron, OH 44308		

10. Other transfers

- None e. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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11. Closed financial accounts

- None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

- None a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NO. (EIN)	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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- None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

*(An individual or joint debtor should complete this portion of the statement **only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.**)*

19. Books, records and financial statements

- None a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

- None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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- None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
------	---------

- None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS	DATE ISSUED
------------------	-------------

20. Inventories

- None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	--

21 . Current Partners, Officers, Directors and Shareholders

- None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

- None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	--

22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER
----------------------------	--------------------------------

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER
----------------------	--------------------------------

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date May 16, 2005

Signature /s/ Kimberly Dione Anderson
Kimberly Dione Anderson
 Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Northern District of Ohio

In re **Kimberly Dione Anderson**

Debtor(s)

Case No.
Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. I intend to do the following with respect to the property of the estate which secures those consumer debts:

a. Property to Be Surrendered.

Description of Property
-NONE-

Creditor's name

b. Property to Be Retained

[Check any applicable statement.]

1. Description of Property
2001 CHEVY CAVALIER

Creditor's Name
**Regional Finance
Corporation**

Property is	Property will be	Debt will be
claimed as	redeemed	reaffirmed
exempt	pursuant to 11	pursuant to 11
	U.S.C. § 722	U.S.C. § 524(c)

Debtor will retain collateral and continue to make regular payments.

Date **May 16, 2005**

Signature **/s/ Kimberly Dione Anderson**
Kimberly Dione Anderson
Debtor

United States Bankruptcy Court
Northern District of Ohio

In re **Kimberly Dione Anderson**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$ <u>500.00</u>
Prior to the filing of this statement I have received.....	\$ <u>0.00</u>
Balance Due.....	\$ <u>500.00</u>

2. \$ 209.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

FOR CHAPTER 13 CASES:

Debtor(s)' counsel fees in Chapter 13 cases filed in Akron, Ohio, shall be deemed an administrative expense of the bankruptcy estate pursuant to 11 USC Section 503(b). Upon confirmation of the plan, provided sufficient funds have been paid into the plan, the Chapter 13 Trustee shall commence payment of attorney fees pursuant to 11 USC Section 507(a)(1) and 11 USC 1326(b)(1), subject to Administrative Order No. 04-01. Debtor(s)' counsel shall remain counsel of record and provide representation on behalf of the Debtor(s) until completion or dismissal of this case, unless said representation has been excused by the court. Failure to attend to such representation may result in disgorgement of fees.

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: May 16, 2005

/s/ Lydia Evelyn Spragin 0063615

Lydia Evelyn Spragin 0063615

Lydia Evelyn Spragin Attorney At Law

The Evans Building

333 South Main Street, Suite 511

Akron, OH 44308

(330) 434-2713 Fax: (330) 434-2713 call first

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

lespragin@epitrustee.com or lespragin@justice.com

**United States Bankruptcy Court
Northern District of Ohio**

In re Kimberly Dione Anderson _____ Case No. _____
Debtor(s) Chapter 7 _____

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: May 16, 2005

/s/ Kimberly Dione Anderson
Kimberly Dione Anderson
Signature of Debtor

Anderson, Kimberly -

ACE CASH EXPRESS
1420 BRITTAIN ROAD
AKRON OH 44310

ADVANCE AMERICA, CASH ADVANCE
CENTERS OF OH, INC DBA ADVANCE
AMERICA, CASH ADVANCE CENTERS
1417 S ARLINGTON STREET
AKRON OH 44306

AFNI
PO BOX 3427
BLOOMINGTON IL 61702-3427

AKRON FAMILY DENTAL
157 VERNON ODOM BLVD
AKRON OH 44320

AKRON MUNICIPAL COURT
217 SOUTH HIGH STREET
ATTN: CASE NO. 04 CVI 13578
AKRON OH 44308

AKRON MUNICIPAL COURT
217 SOUTH HIGH STREET
AKRON OH 44308

AKRON MUNICIPAL COURT
217 SOUTH HIGH STREET
ATTN: 05CVI02513/2015654
AKRON OH 44308

ALLIANCE ONE
PO BOX 1963
SOUTHGATE MI 48195

ALLIED DATA CORPORATION
13111 WEST HEIMER
HOUSTON TX 77077-5547

AMERICAN CASH EXPRESS
1420 BRITTAIN ROAD
AKRON OH 44310

Anderson, Kimberly -

AMERITECH
BILL PAYMENT CENTER
SAGINAW MI 48663-0003

ANDERSON FIN NETWORK I
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BLOOMINGTON IL 61702

APPELLES
PO BOX 1197
WESTERVILLE OH 43086

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7301 N. LINCOLNWOOD
LINCOLNWOOD IL 60712

ARROW FINANCIAL SERVICES LLC
5996 W TOUGHY AVE
NILES IL 60714

ARROW FINANCIAL SERVICES LLC
PO BOX 469005
CHICAGO IL 60646-9005

ASG
PO BOX 628
BUFFALO NY 14240-0628

ASHVIN YAJNIK AKA ASHVIN YAJNIK
1090 KINGSWOOD DRIVE
AKRON OH 44313

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PO BOX 1067
ORLAND PARK IL 60462

CARD PROCESSING CENTER
PO BOX 9204
OLDBETH PAGE NY

CARDHOLDER MANAGEMENT SRVCS
135 MAXESS ROAD
MELVILLE NY 11747

Anderson, Kimberly -

CASH AVDVANCE
147 N WOOSTER ROAD
BARBERTON OH 44203

CASH TO YOU LEASING
466 NORTHFIELD ROAD
BEDFORD OH 44146

CASHLAND
36 W. THIRD STREET
DAYTON OH 45402-1806

CBGS
2644 W MARKET ST
AKRON OH 44333

CDS LLC
1606 E TURKEYFOOT LAKE R
AKRON OH 44312

CHECK CASHIERS OF AMERICA
2214 FRONT STREET
CUYAHOGA FALLS OH 44221-2510

CHECK INTO CASH
PO BOX 550
CLEVELAND TN 37364-0550

CHILDREN'S HOSPITAL & ASSOC
PO BOX 75590
CLEVELAND OH 44101-4755

CONSTANCE A HESSKE
ATTORNEY AT LAW
1655 WEST MARKET ST., STE 130
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CONSUMER DEBT SERVICES
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RICHMOND VA 23261-6785

Anderson, Kimberly -

ENHANCED RECOVERY COPORATION
PO BOX 17242
DENVER CO 80217

FIDELITY NATIONAL COLLECTIONS
220 E. MAIN ST.
P.O. BOX 2055
ALLIANCE OH 44601

FIDELITY PROPERTIES INC
2222 E MAIN STREET
ALLIANCE OH 44601

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24700 CHAGRIN BLVD
CLEVELAND OH 44122

FIRST FEDERAL CREDIT CONTROL
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SUITE 205
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GEMB/JCP
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EL PASO TX 79998

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LAS VEGAS NV 89135

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925 EUCLID AVE
#2020
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PITTSBURGH PA 15219

KAUFMANN'S
FIFTH & SMITHFIELD
PITTSBURGH PA 15219

KAUFMANNS
400 FIFTH AVENUE
PITTSBURGH PA 15219

LAB. CORP. OF AMER. HOLDINGS
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BURLINGTON NC 27216-2240

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47 NORTH WOOSTER ROAD
BARBERTON OH 44203

NATIONAL CREDIT ADJUSTERS
PO BOX 3023
HUTCHINSON KS 67504-3023

NATIONAL MAGAZINE EXCHANGE
PO BOX 9083
CLEARWATER FL 33758-9083

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1910 W. MARKET STREET
AKRON OH 44313

OHIO EDISON
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AKRON OH 44309-3637

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Anderson, Kimberly -

PROVIDIAN FINANCIAL
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PLEASANTON CA 94566

REGIONAL FINANCE CORPORATION
PO BOX 580306
CHARLOTTE NC 28258

REVENUE GROUP
PO BOX 221278
BEACHWOOD OH 44122-0996

RISK MANAGEMENT ALT INC
802 EAST MARTIN ROAD
SUITE 201
NORTH AUGUSTINE SC 29841

SALLIE MAE 3RD PARTY LSC
910 HARRISON AVENUE
PANAMA CITY FL 32401

SALLIE MAE LSCF
1002 ARTHUR DR
LYNN HAVEN FL 32444

SALLIEMAESERVICING
PO BOX 9500
WILKES-BARRE PA 18773-9500

SBC AMERITECH
P.O. BOX 5072
SAGINAW MI 48605-5072

SBC AMERITECH
BILL PAYMENT CENTER
P.O. BOX 48663
SAGINAW MI 48663-0003

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101 CROSSWAY PARK WEST
WOODBURY NY 11797

Anderson, Kimberly -

SPIEGEL
CARD PROCESSING CENTER
OLD BETHPAGE NY 11804

STERLING INC
DBA LEROYS JEWELERS
395 GHENT ROAD
AKRON OH 44333

SUMMA HEALTH SYSTEMS
525 E. MARKET STREET
PO BOX 3540
AKRON OH 44309-3540

T-MOBILE
2000 BRITTAINE ROAD
STE 501
AKRON OH 44310

T-MOBILE
PO BOX 742596
CINCINNATI OH 45274-2596

TIME WARNER CABLE
1665 BRITTAINE ROAD
AKRON OH 44310

TRS RECOVERY SERVICES, INC
5251 WESTHEIMER
HOUSTON TX 77056

TRS RECOVERY SERVICES, INC
PO BOX 17170
DENVER CO 80217-0170

UTILITY COLLECTIONS LTD
PO BOX 212489
AUGUSTA GA 30917-4747

VALUED SERVICES, LLC
C/O JEFFREY L. KOBERG, ESQ.
925 EUCLID AVENUE, #2020
CLEVELAND OH 44115-1441